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APPLICANTS

William DeToro, Poland, OH;  
 Brian Perala, Geneva, OH;  
 Robert Lin, Weathersfield, CT;

\*\* CONTINUING DATA \*\*\*\*\*  
*no*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*no*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 9	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Aminda W. New</i> Initials <i>no</i>				

ADDRESS

R.C. Harpman  
 Harpman & Harpman  
 819 Southwestern Run  
 Youngstown, OH  
 44514

TITLE

Knee brace immobilizer

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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